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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint the practitioner named below my attorney to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

Customer Number

33321

Name of Practitioner Appointed: Daniel Maguire Reg. No. 41,506 Name Address 423 E Street City 95616 **Davis** State Zip California (530) 750-3661 (530) 750-3793 Tel. Fax

I am the: 🗵	Applicant/Inventor
	Assignee of Record of the Entire Interest (37 CFR 3.73(b) statement enclosed

SIGNATURE of Applicant or Assignee of Record	
Name	Prodromos Stephanos
Signature	126
Date <b>C</b>	2-24-03

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required.

